Whatever the disease a Japanese is suffering from, or however long its duration, no attention to washing or cleanliness must be paid during its continuance, and the strictest starvation diet is enjoined. There ensues from this a condition of filthiness and abjectness which renders visits to the poor invalid anything but an agreeable office, especially in cases where a physical examination is demanded.

The supporters of a purely vegetable diet will scarcely derive much comfort from the fact that dyspepsia is decidedly the most common disease in this country; although the people, with the exception of a little fish, consume scarce anything that is not drawn directly from the soil. Doubtless their sedentary existence, and the constant sipping of weak tea at a boiling temperature, contribute powerfully to the prevalence of this affection.

The most ordinary diseases of the Japanese, as I have met them, are dyspepsia, smallpox, syphilis, paralysis, phthisis pulmonalis, and affections of the eyes and skin. The strumous diathesis is almost universal, and complicates most of the cases. The tendency to inflammation, of the acute variety, is very slight, and recovery from the most severe lacerations and injuries is usually effected "*Tute cito atque jucunde.*" Diseases of marked inflammatory character, as pneumonia, or acute rheumatism, are seldom met with. I have seen but one case of gout, which occurred in the person of the Prince of Nagato.

It is painful to reflect that thousands of lives are annually sacrificed, and an incalculable amount of human suffering endured, from sheer ignorance of the first principles of the healing art. Yet these people are not deficient in natural intelligence, and there is no doubt that as foreign relations become more intimate, and progress is made in other branches of human knowledge, medicine will also make advances commensurate with its importance, and provision be ultimately made for competent instruction. Japanese physicians possess, at least, the merit of candour and modesty (in their own country), and to honestly confess ignorance is undoubtedly the first step towards the acquisition of knowledge.

ART. VI.—*Case of Urinary Calculus with a Tooth for a Nucleus; and in which there was a Communication between the Bladder, Ovary, and Rectum.* By GEORGE C. BLACKMAN, M.D., Professor of Surgery in the Medical College of Ohio; Surgeon to the Samaritan Hospital, Cincinnati, etc.

MRS. ——, æt. 36; married when 24 years of age. Menstruation regular and health good until about the age of 21, at which period she began to suffer from pain in the left side, and her menses disappeared for thirteen months. Her pain was regarded as dependent on uterine disease, and she took large quantities of medicine. On the reappearance of her menses, she first noticed that air escaped from the bladder. She had never suffered from constipation nor from any difficulty about the rectum; but even at the present time (Nov. 1868) air occasionally escapes from the bladder. For many years she passed urine in greater or less quantities per rectum. Never had any urinary trouble until about two months after her marriage. Has never borne children or miscarried. The irritation in the bladder was first manifested by a frequent desire to urinate, and the water was passed in small quantities, with much straining and pain. There was considerable tenderness over the pubic region. At this time she resided in Louisville, and was under the care of Dr. Pyrtle, of that city. On sounding her, he discovered the existence of a calculus, which he extracted in June, 1859. The patient informs me that it was removed in fragments, and a portion with difficulty, as it was "fast," and, on removal, proved to be a tooth. In June, 1860, she informs me, Dr. Pyrtle again removed a similar calculus, with another tooth.

I first saw the patient in December, 1863, and, having learned the previous history of the case, proceeded at once to remove the foreign bodies, which were causing her great suffering, as prior to the first operations. Dr. Muscroft administered chloroform, while I dilated, without difficulty, the urethra to an extent sufficient to admit the passage of a moderate-sized lithotomy forceps, with which I grasped with some difficulty the calculus, as the bladder seemed somewhat contracted at certain points, and was not yielding as under ordinary circumstances. The stone, about the size of a hickory-nut, was at length removed, and the bladder washed out with a syringe. The following day I was summoned in haste, and found the patient suffering intolerable agony; there was very great tenderness over the region of the bladder, but not a drop of urine flowing from the urethra, all escaping per rectum! Leeches were immediately applied over the lower part of the abdomen, and the patient brought under the influence of chloroform, which was continued for a little more than three hours, when, during a violent expulsive effort, a phosphatic calculus, quite as large as the one I first removed, escaped from the bladder, and in the centre of this I found a well-formed incisor tooth. The patient was at once relieved. After removing the first calculus, I examined carefully for others, but failed to detect any; and the discovery made at my second operation (May, 1866), in which I was assisted by Dr. Muscroft, of this city, and Dr. Thornton, of Newport, Ky., explains the position of the calculus and cause of suffering which attended its spontaneous expulsion. After removing a small phosphatic calculus, I detected another at the upper part and left angle of the bladder, firmly fixed in an opening just about sufficient to admit the point of the forefinger. This, after some little effort, I detached and removed, which proved to contain the tooth inclosed. The patient made a speedy recovery, and since that operation has passed no more urine by the rectum. Some few months afterwards she began to pass hair incrusted with calcareous matter, specimens of which are forwarded with this paper. These she removes about once a week, and for the purpose employs a worsted crochet hook. She is satisfied that there is either a piece of bone or another tooth adherent to the upper part of the bladder, as she declares she has often struck it very distinctly. She has about decided to have an attempt made in a short time for its extraction, although as yet it has not given rise to any suffering of note.

In the *American Journal of the Medical Sciences*, July, 1850, p. 183, is the report of a case first published in the *Dub. Quarterly Journ. of Med. Science*, and in which there was a communication between the rectum, bladder, and left ovary, and which throws light upon the condition of matters found in our own case. Many years preceding the woman's death, stones were extracted from her bladder, respecting which Dr. Heslop, the reporter, remarks that he was unable to learn more than that they were smooth, round, and of great beauty. Her husband declared that the patient was positive that she had passed air from the bladder for at least twelve months. She died exhausted from spinal disease, enlargement of the liver, and renal difficulty. In describing the appearances found, it is stated that a tumour about the size of an ordinary orange was seen occupying the position of the left ovary. The adhesions between this body, the rectum, and bladder were so intimate that all these organs were taken out together and carefully dissected. In the bladder, which was of moderate dimensions, there was found a minute opening in the left angle of its superior fundus. The mucous membrane around was minutely granular, and stained of a dark slate colour; a probe was found to pass with the greatest facility from this point into the head of the rectum, which adhered strongly to the upper back part of the bladder. The tumour contained a soft, pultaceous, half-fecal, half-caseous looking matter, and there was a communication with the lower anterior portion of the sigmoid flexure of the colon, which was evidently out of the direct course of the intestinal contents, from the presence of bands and folds in the cavity of the bowel, both above and below the opening. The finger could be passed along the bowel without passing into the abnormal communication. The recto-ovarian did not correspond exactly with the recto-vesical opening, the latter being a little lower in the pelvis, but all were matted together.

In connection with the above, we give the details of a remarkable case reported by Mr. Houston, of Dublin, to the Surgical Society of Ireland, Jan. 14, 1843, and which is published in the *Dublin Medical Press*, Jan. 25, 1843:—

"Dr. Houston exhibited to the society a specimen of ovarian disease, which he had received from his friend Dr. Irwin, of Castleblaney, and of which the progress and final issue were, perhaps, unique. The tumour was as large as an orange. It consisted chiefly of hair, bone, and teeth, and had been extracted from the anus. The patient was a countrywoman, named Dawson, æt. about 50, and the mother of seven living children. For nine years she had been subject to continued lumbar and rectal pains, with alternations of constipation and diarrhœa. For the last two years she has suffered from constant uneasiness, and draining of blood and mucus from the rectum; and in order to allow the bowel to be emptied, she had been obliged, on every occasion of going to stool, to introduce her finger and push aside some resisting body which obstructed the passage. In this state she applied to Dr. Irwin, about eight months ago. After making a careful examination, Dr. Irwin judiciously determined on an attempt at extracting this foreign substance, whatever it might be. He succeeded in pulling a certain amount of it through the external opening, but then found it stopped by a fold of the mucous membrane which embraced it tightly around the centre, where the mass appeared narrowed by a circular contraction. He then divided the mucous membrane with a scalpel at this part, and was pleased at finding the entire mass come away unbroken. The mucous membrane was vascular and relaxed; some bleeding occurred from the wound of the knife, but it was arrested by plugging the rectum. It was through the lateral and posterior wall of the rectum that the tumour made its way into that bowel. The woman quickly recovered, and remains (eight months) quite well in health, and free from any disease or inconvenience in the rectum. Such, Dr. Houston said, was the account given to him of this singular case by Dr. Irwin; and it now remained for him to describe the tumour, and to offer a few observations on the reasons which would, he thought, justify him in regarding it as ovarian.

"The tumour, when first examined, was about the size of a large orange, narrowed about the centre. It was very heavy and dense, and emitted a fecal odour. One end, the larger, presented an appearance like dried clay, matted together with hairs. The other, somewhat smaller, was equally dense; the latter was covered with a firm, gristly substance, like that of the gums, and presented on one side the enamelled crowns of several teeth. The two pieces were so firmly joined together as to constitute one solid mass. On being macerated for several weeks, the exact nature of the tumour became more manifest. The smaller end (Dr. H. here exhibited the specimen) was found to consist of a perfect organized bone, a sort of misshapen lower jaw, with eleven teeth growing out of it, in sockets, and not in a continuous row, but irregularly jumbled together in one place as close as they could lie. There were two incisors and one canine tooth; the rest were bicuspid and early molars. The teeth were all tolerably perfect, some being a little bent, and others short. The enamelled crowns were sharp and well defined. The larger piece, of which the mass was composed, was of a totally different nature. According to an analysis made by Dr. Aldridge, it consisted of a mass of hairs matted together by ammoniacal magnesian phosphate, biliary matter, and vegetable detritus. It adhered very firmly to the osseous piece, especially to the projecting extremities of the teeth, some of which were broken off with it in attempting a separation of the two portions. This end of the tumour was obviously the more recent production, and, according to Dr. Houston's opinion, must have been formed in the rectum by the slow accumulation of the fecal excrementitious deposits arrested by the hairs and teeth of the primary tumour, which, in being eliminated from the body, had been brought into contact with, and had produced ulceration in, the tunics of the rectum. The operation of Dr. Irwin was, in this case, therefore, only the completion of the last stage of the tedious but sanatory effort of nature to the same end."

In the *British and Foreign Medico-Chirurgical Review*, Oct. 1860, p. 550–2, is an abstract of some remarks made by Civiale, before the Academy of Medicine, Paris, and which were published in the *Bulletin* of that Society, tome xxv. The new case reported by Civiale was as follows:—

A woman, æt. 49, and mother of six children, was admitted, exhausted with pain and sleeplessness, dependent upon the presence of stone. Six months previously a calculus had suddenly obstructed the urethra, and was crushed and expelled; and a month later retention of urine had been produced by a tuft of hair, agglomerated by a soft matter, and covered by an earthy incrustation. Soon after her admission a large friable calculus was easily crushed, but, on closing the instrument, it was found to include a hard body, which proved to be a tooth. A few days later two other teeth were withdrawn, and soon afterward another—a portion of bone, and a large amount of stony fragments. The woman rapidly recovered. Civiale adds, that these doubtless proceeded from the ovary, a communication having formed between the cyst and bladder—with this, however, remarkable about it, that there was no disturbance in the health of the patient during the establishment of so important a pathological condition. During the seven months preceding the operation, he states she was perfectly well, her only suffering being caused by the consecutively formed calculus.

A paper was read before the Royal Medical and Chirurgical Society of London, March 13, 1860, by Dr. Robert Lee, in which he gives the details of four cases which had come under his observation, and in which an ovarian cyst contained teeth, hair, and fatty matter. In one of the cases the patient had large purulent discharges through the urethra, accompanied by small, solid masses, which had much the appearance and character of bone, while others were found to consist of hairs coated with calcareous deposit. After death, the report adds: An ovarian cyst was found communicating with the bladder, and hairs were seen growing from one point of its lining membrane.

Dr. Lee's paper contains a summary of such published cases as he could find, in which ovarian cysts containing teeth, bone, hair, and fatty matter, had been observed; and in an appendix, read March 13, 1860, he gives the details of a case, that of a young lady who had calculus of the bladder, and which was extracted by Sir Benjamin Brodie, in 1840. In this case, with the fragments of the broken calculus, there were found two imperfectly formed human teeth, together with a small portion of bone, of an irregular shape. The case is reported by Sir Benjamin, in his *Lectures on Diseases of the Urinary Organs*, from which, as in our second operation, the calculus was adherent to the fundus of the bladder, and in the extraction of it, it was broken into several pieces. Sir Benjamin adds: "If you refer to the tenth volume of the *Medico-Chirurgical Transactions*, you will find a case and dissection recorded by Dr. Phillips, which fully explains the nature of the case in question. The teeth and bone, being the result of an original malformation of the ovarium, had become attached, by an ulcerated communication, to the mucous membrane of the bladder, and formed the nucleus on which the calculous matter had been deposited. A similar case occurred in the practice of Mr. Warner, and is described in the 49th volume of the *Philosophical Transactions*." Dr. Lee quotes from Dr. Heming's translation of Madame Boivin's work *On the Diseases of the Uterus*, the details of a case in which there was extracted from the female bladder a body as large as a hen's egg, "presenting at one of its extremities a shred of skin, containing hairs and a bone, in which was partly fixed a kind of tooth, resembling a small molar. The communication of the cyst with the bladder was ascertained by the finger passed into the urethra. The person recovered." (Delpech, *Chirurgie Clinique*, tome ii. p. 521.) The same work refers to a case observed by Dr. Paul Manhall, in which the ovary, "containing an extraordinary quantity of hairs and fine teeth, communicated with the bladder." Dr. Lee's paper concludes with a letter from the late Sir William Lawrence, giving the details of a case in which Mr. Abernethy had performed lithotomy in 1816, between which period and 1819, the date of the patient's death, a calculus had formed upon the hairs which had escaped from the ovary into the bladder, and passed spontaneously as the patient was in the act of urinating. Sir William states that during Mr. Abernethy's attendance "as much as a small saucer-full came away; many of the stones were as large as horse-beans, and there was hair amongst them."

In the discussion to which Dr. Robert Lee's paper gave rise in the Royal Medical and Chirurgical Society, reference was made by several of the speakers to the fact that dermoid cysts, found in various parts of the body, have contained hair, teeth, bone, etc., and that cases have been reported in which, even in men, such dermoid cysts had been discovered in the retro-vesical cellular tissue. In the monograph on dermoid cysts, by Professor Lebert, read to the *Société de Biologie* in 1852—for an analysis of which we are indebted to the *North American Medico-Chirurgical Review*, May, 1859—it is stated that M. Jaczenky has seen a cyst of this description make its way into the vagina; and that an abscess opened at the bottom of the posterior cul-de-sac, and a hard body was discovered in this situation, "which had troubled the husband of the patient very much during coitus, and had also excoriated the cheek of her last child during the act of labour; it was found to be a bone, furnished with two molar and two incisor teeth. The teeth were pulled out, but it was impossible to remove the bone which supported them."

Dr. J. J. A. Salter has published in the *Guy's Hospital Reports*, Third Series, vol. vi., the details of a case of ovarian tumour containing teeth, hair, etc., with remarks. The patient had a tumour on the right side of the uterus, about the size of an orange. After she had been in the hospital for a few days, it is stated that she died of acute peritonitis, caused by the extravasation of a small portion of the contents of a cystic tumour, into which the right ovary had been converted, and which had burst by a very small aperture. Hair, teeth, and bone were found within the cyst. The patient was a married woman, æt. 49, and the mother of several children. Dr. Salter has given an excellent plate illustrating the appearance of the above, and after enumerating the different structures that have been found, from time to time, by different anatomists, he adds :—

> "What calls forth these curious developments? Are they the result of conception as it occurs normally in the human subject? . . . All evidence, both negative and positive, . . . militates against the idea; . . . in many instances we have positive evidence that they cannot have been thus produced. . . . These growths are found in the ovaries of virgins. Many such cases are on record; and I myself once made a post-mortem examination of the body of a young lady, of whose maiden purity and of whose physical virginity there could be no doubt. In one of her ovaries were found teeth and hair. But if a disputant should question the evidence of chastity and the proofs of virginity, there is this other fact, which puts the matter beyond all cavil: these developments occur in girls before puberty—before the female organs are susceptible of spermatic stimulation, and when, as yet, gamo-genesis is a physiological impossibility. Such cases are not numerous, but they do occur; and one of the most striking, and one entirely reliable, came under the cognizance of Rokitansky, in a little girl *six years of age*. The parts are now in the Imperial Pathological Museum at Vienna."

In the *London Lancet* of July 30, 1864, Mr. Humphry, of Cambridge, has reported a case in which bone, teeth, and hair were extracted by him from the bladder of a female, aged 38, and healthy, with the exception of the symptoms of stone. The patient stated, however, that from the time of her confinement, seven years before, she had been subject to pains in the left side of the lower part of the body, which were sometimes very severe.

> "During the last year she had observed frequent 'settling in the water of red colour, with pieces of flesh.' For the last few months only had experienced pain in passing urine. She said, also, that she had occasionally voided pieces of chalky substance, and once something much like a tooth. The sound came in contact with a foreign body, which was judged to be a stone. I accordingly proceeded to dilate the urethra in the manner above described. After twenty-four hours a small pair of lithotomy forceps were introduced, and soon seized a foreign body which broke; a portion coming away in the forceps proved to be a tooth, like a bicuspid, in a socket of bone. I subsequently seized a larger mass, and having discovered it to be free, broke it with the forceps, and extracted several fragments of bone, teeth, and hair. She recovered quickly, and in a fortnight returned home, stating that she was quite well, though there was still pus in the urine. The bone contained the usual corpuscles. The hairs, of a reddish-brown hue, were mixed up with the bone, and included in it, as if the bone had been formed round them; possibly they may have been insinuated into the smaller orifices of the bone which they occupied. The teeth were like bicuspids and molars; the former with bent, the latter with imperfect, fangs,

and more or less completely inclosed in the bone. They were not arranged in a natural order, nor did the bone present at all the appearance of a maxilla. The fragments are preserved in the museum of the University of Cambridge. . . . I learned that soon after her return home, she began to pass from the urethra pieces of bone, teeth, and masses like chalk. One of the latter, which was shown me, weighed a drachm and a half, and measured nearly two inches in its smallest circumference; it was of irregular shape, quite smooth, with a pinkish exterior. Cutting into it, we found it to consist of an outer friable earthy crust, enclosing a fragment of bone with teeth projecting from it. The woman had lately suffered a great deal of pain, and was much thinned. Mr. Wright had succeeded in dilating the urethra by means of the catgut bougies, so that I had little difficulty in introducing my finger into the bladder. Directed to the left side, it entered a sac communicating with the bladder by a circular opening just large enough to admit the finger, having a soft defined edge. In this sac I could feel a large rough stone. With some difficulty I passed the forceps through the bladder into the sac and grasped the stone. It broke, and repeated introduction of the forceps was necessary to clear the fragments from the bladder. Then the finger found a quantity of the broken stone in the sac, which I contrived, with a great deal of trouble, to bring away by means of the scoop. At length I was satisfied that the sac and bladder were emptied, and washed them out thoroughly with water by means of a syringe. The lining of the sac appeared to be smooth and soft, but uneven, not unlike that of a bladder with rugæ. She recovered without an unfavourable symptom, soon regained the power of retaining her urine, and has remained quite free (for ten years) from any disorder of the bladder. On September, 1855, she was delivered of a very fine child," some eight months after the last operation.

Mr. Humphry adds that there was a great quantity of hairs in this stone, especially in one portion, which had probably formed the centre; but no bone or teeth. The explanation of these cases, he thinks, is, that one of those ovarian cysts, which are known not unfrequently to have bone, teeth, and hair growing from their walls, had ulcerated and discharged its contents into the bladder; that phosphatic deposit from the urine upon some hair remaining in the cyst, formed the stone last removed, and that the clearing of the cyst on that occasion led to the cure.

The remarks of Dr. Houston before the Surgical Society of Ireland, on the very remarkable case brought before that Association, the details of which we have already given, seem worthy of a place in connection with the observations of Mr. Humphry. We copy them as reported in the *Dub. Med. Press.*

" Dr. Houston remarked, that as the woman, the subject of this tumour, still survives the discharge of it, there must remain some doubt as to its source. He thought, however, that its origin had been in the ovarium, and gave a lengthened exposition of the nature, causes, and most common seat of such tumours, with a view of proving from precedent and analogy, that such was the fact. Diseases of this kind were occasionally met in other parts of the body, and even in the bodies of men; but in these cases the tumours rarely consisted of anything more than a fatty substance interspersed with hairs. Respecting such hairs, it was remarkable that they were never found, except in connection with fat, and that they always resembled more the hairs of the head than those of any other part. The occurrence of bone and teeth in such tumours is more rare, and seldom met with, except when the disease has its seat in the ovarium. A case of a tumour containing hair and teeth is related by Scorteggiana as being located in the mesentery of a young woman. Another case is related by the same author of a tumour formed of bone, teeth, and hair, being discharged from the uterus after giving birth to a dead infant. And Osiander reports an instance of an analogous kind to the latter, in which the infant was born alive. In both these cases the uterus itself was most probably the seat of growth of the tumour.

"With the exception of these, and a few others, all the recorded instances of tumours of the nature of that furnished by Dr. Irwin, have been ovarian.

"Dr. Houston here exhibited several specimens of this kind from the museum of the College of Surgeons, and in particular one which had been presented by Dr. Brunker, of Dundalk, in which the ovarium thus changed had, in addition, and perhaps as a subsequent malady, become the subject of dropsy, producing in it, enormous enlargement. Dr. Houston stated, that from the observations of pathologists, it would appear that such tumours, in the growth, take the following course: 1st. That a cyst filled with serum is formed, either on the surface of the ovarium, or, what is more common, in its interior; that this primary fluid gives place to a deposit of a substance bearing many of the characters of fat; that out of this grow the hairs; then, that ossific matter is formed; and lastly, that from this bone teeth spring up. He showed still farther that the teeth, which constitute so remarkable a feature in these cases, resemble ordinary teeth in many particulars. Their mode of development is the same. They are formed of capsules and gelatinous pulps; the crowns and enamel are formed first, and the fangs subsequently. The length of time occupied in their formation is perhaps also about the same. A case is reported by Coley in which the growth of an ovarian tumour had been traced to about five years, and where the teeth which had been formed might have been the teeth of a child of about that age. Dr. Houston suggested, that if the commencement of the growth of the tumour in Dr. Irwin's case were to be laid about the period when the patient began to complain of uneasiness, that is, nine years back, the teeth which the tumour presented, which were, in fact, the teeth of a child about that age, were perfectly in keeping with such a view.

"Teeth of different orders are found nearly in the ordinary proportion, and would appear to be formed nearly in the ordinary succession. Milk teeth, without fangs, and which had been pushed away by the secondary growth, have been found floating loose in the fluid of such ovarian tumours. The number of teeth is very various; they are usually few; sometimes they have been found to correspond in number to a good and perfect set. At other times they have appeared, from their number, to represent both primary and secondary sets; and one remarkable case is related by Ploucquet of a female, aged twenty-two, sterile, in whom the ovarium contained upwards of 300 teeth. Dr. Houston then enumerated several cases to show that the functions of reproduction are not necessarily arrested by the presence of such a state of disease. In many of these, women were known to have borne children while carrying tumours of hair, and teeth in one of the ovaria, in which respect the case furnished by Dr. Irwin did not make any exception. The consequences and final issue of such tumours are very various: they usually produce derangements by interfering mechanically with the functions of some of the neighbouring organs; they have been sometimes removed by suppuration or by operation: in two of the cases above mentioned, the tumours and their contents were discharged by the uterus in parturition. A case is reported by Dr. O'Brien wherein two teeth, considered to have been perhaps originally ovarian or uterine, became the nuclei of calculi in the urinary bladder; and were removed by him by operation. (See *Dub. Med. Journ.*, vol. v.) But there is perhaps no case on record of the tumour being got rid of by the rectum in the manner, and with the successful result, that has attended on the case communicated by Dr. Irwin. The only case which at all approaches it, in this respect, is one by Coley, in which the tumour attached itself to the intestine, but in which the individual lost her life by hemorrhage from that spot.

"On the question of the original cause of such tumours in the ovarium, Dr. Houston said that he would state only summarily, the opinions of physiologists on the subject. The idea originally entertained that such teeth were swallowed, has every argument and fact against it. Dawson, in whose ovary so many teeth existed, has to this day almost every tooth in her head, perfect. All such teeth are no doubt formed by growth in the parts in which they are found. Some authors suppose them to be supernumerary parts formed by the same act of fecundation as that which produced the body, in the interior of which they are found. Some suppose them to be the result of impregnation; and that they are nothing more than an imperfect extra-uterine fœtus. Others, again, and among these Meckel, consider them to be the result, not *necessarily* of impregnation, but of an unnatural excitement of the genital organs. It should besides be stated that some German physiologists are disposed to regard such anomalous productions, as having some connection with a morbid state of the brain.

"On the whole, then, judging from the history of the case; from the structure of the tumour being such as is found, almost exclusively, in connection with the ovarium; and from the feasibility of such an occurrence as its escape through the channel of the rectum, Dr. Houston thought that no doubt could rest in the mind that the ovarium was the source from which it had sprung."

How much more rational, and in accordance with our present knowledge, is the above explanation, than that appended by Dr. O'Brien to the report of his very interesting case of urinary calculi, containing human teeth removed from the female bladder, published in the *Dublin Journal of Medical and Chemical Science*, vol. v., 1834, with illustrations. He cannot understand how teeth could find their way into the bladder, unless introduced by the patient, or, having been swallowed, ulcerated their way through into its cavity. He admits that his own patient never had suffered any abdominal pain, nor had she any indications of the lodgment of a foreign body in the intestinal canal. True, she had lost some of her teeth, but we have already quoted cases in which the teeth were all sound, as in our own case; and after the evidence we have brought together, the solution of these cases can no longer be a matter of difficulty.

ART. VII.—*Cases of Great Enlargement of the Stomach; with Remarks.*

By ALFRED L. HASKINS, M. D. Boston.

TWO cases of enormous enlargement of the stomach having recently come under my observation, I have thought it would be well to report them, and, at the same time, collect similar cases which I have been able to find recorded in works within my reach. The disease, though rare, deserves, nevertheless, the attention of all pathologists and practitioners. At the height of its development the stomach acquires dimensions truly colossal. It occupies almost the whole of the abdominal cavity, pressing upon the intestines and other viscera, and reducing their volume, and even impinging upon the diaphragm and organs in the thorax. The affection has been described by some authors under the name of dropsy of the stomach, and has even been mistaken for ascites and pregnancy. I will first report the two cases which came under my own observation, and finally give an account of those which I have collected from other sources.

CASE 1.—This case was seen by me in February, 1866. F. R. aged 60 had always enjoyed very good health till two years previously, when she began to feel an uneasy sensation in the stomach. Very soon she noticed that her food occasioned her considerable trouble in its digestion, and she often vomited two or three hours after eating. Her appetite